



## Electronic Billing Authorization

### DEFINITIONS:

**"Provider"** shall mean an institution, agency, or person who has been issued a provider number with the Department to furnish medical care, goods, and/or services to clients, and is eligible to receive payment from the Department.

**"Clearinghouse/Intermediary"** shall be the term herein used to describe a third party employed by the L&I provider to submit claims to the Medical Information Payment System (MIPS).

### PURPOSE

The purpose of this form is to authorize the Department of Labor & Industries (L&I) to accept electronically submitted bills for services provided to injured workers pursuant to the Industrial Insurance Act from the Provider named in the *Provider Information* Section on page 2:

### PROVISIONS

1. **Submission, receipt, processing and payment of electronic billing is completely voluntary.**
2. The Provider may contract with a third party for services to process billings.

**Clearinghouse/Intermediary information must be entered in the *Clearinghouse/Intermediary Information* Section on page 2. L&I must be informed prior to any changes being made to this information.**

3. The Provider accepts full responsibility for the accuracy and truthfulness of all bills submitted to L&I for payment on its behalf.
4. The Provider accepts full responsibility for all warrants endorsed or deposited on its behalf. Any payments forwarded to the Provider's third party shall be considered as payment to the Provider. L&I shall not be held further accountable for such payments.
5. The Provider understands that payment from L&I will be from state funds and that any falsification or concealment of a material fact may be prosecuted under state laws.
6. The Provider shall comply with all billing requirements and format specifications that are current at the time of the submission. Failure to comply with these requirements/specifications may result in suspension of this arrangement and/or rejection of submission(s) by L&I. For current information, be sure to check our web-site at [www.lni.wa.gov/HSA/payment.htm](http://www.lni.wa.gov/HSA/payment.htm).
7. **L&I shall contact the Provider upon completion of this Authorization to initiate electronic billing. To avoid possible billing errors, the Provider is advised not to proceed with electronic billing until instructed to do so.**

**PROVIDER INFORMATION:**

Name of Firm or Individual (Provider)

L&amp;I Provider Account Number

Address

Contact name

Address

IRS Tax Identification Number

City, State, Zip + 4

Telephone

**CLEARINGHOUSE/INTERMEDIARY INFORMATION:**

Entry of Clearinghouse/Intermediary information below constitutes Provider's authorization for L&I to accept and process billing through the following Clearinghouse/Intermediary.

Clearinghouse/intermediary Name

L&amp;I Account Number For Clearinghouse/intermediary

Address

Contact name

City, State, Zip + 4

Telephone

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

Provider Name

Signature

Date

Signatory Name (print name)